PTO/SB/17 (10-08)
Approved for use through 08/30/2010. OMB 0851-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR TRANSMITTAL FOR TRANSMITTAL FOR TRANSMITTAL FOR TRANSMITTAL FIRID Date Applicant claims small entity status, See 37 CFR 127 TOTAL AMOUNT OF PAYMENT (t) 440.00 Abtomorp Docket No. 1254-0299PUS1 METHOD OF PAYMENT (check all that apply) Check Cordit Card Money Order No. 1254-0299PUS1 METHOD OF PAYMENT (check all that apply) Check Cordit Card Money Order No. 1254-0299PUS1 METHOD OF PAYMENT (check all that apply) Charge fee(s) Indicated below Charge fee(s) Indicated below. Charge fee(s) or underpayments of large fee(s) Indicated below, except for the filling fee To the About dentitied expensive fee (s) Indicated below, except for the filling fee The Charge fee(s) Indicated below. Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below. Repeat fee (s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The Charge fee(s) Indicated below, except for the filling fee The See (s) Fee (Under the Paperwork Reduction	in Act of 1990	, no person are r	equired to	respond to a collection				o control typiniber	
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Name (Print/Type) Sysah W. Sorman Date July 30, 2010	Signature	7			Registration No. (Attorney/Agent)	47,604	Telephone	(858) 79	2-8855	
	Name (Print/Type) Susan W. S	orman					Dale	July 30	2010	